RI SOS Filing Number: 201737961570 Date: 3/13/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the	vear: 20	116				
Limited Liability Comp						
→ Filing period: Septembe		ber 1				
→ Filing Fee: \$50.00						
→ Penalty: Additional \$25.0	J0 fee if form	is not filed by De	ecember 1.	_		
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
000568124	Anchor	Graphic Works	s LLC			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
81	Graphic	Graphics works and painting				
5. State of Formation		1				
RI						
6. Principal Office Address	6. Principal Office Address			State	Zip	
109 Tallman Ave			Cranston	RI	02910	
7. Mailing Address of Limited Li	iability Compa	iny and Name or	Title of Contact Person			
Contact Name John Parisi			Contact Title Member			
Street Address 109 Tallman Ave			City Cranston	State Ri	Zip 02910	
8. List ALL managers (names a	and addresses	s) of the Limited I	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address B.		
City	State	Zip	City	State	Zip—SV OR	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address : < Z		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

MAIL TO:

Division of Business Services

Name of Authorized Person

John Parisi Signature of Au

148 W. River Street, Providence. Rhode Island 02904-2615

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 02/2017

3-7-17